

Date: **DRAFT**

CRITERIA FOR PRIOR AUTHORIZATION

Appropriate NDC Code
(Item or Procedure Here)

Proton Pump Inhibitors
(Item or Procedure Here)

PROVIDER GROUP: Pharmacy

MANUAL GUIDELINES: The following drugs at greater than one dosage unit per day, longer than sixty days requires prior authorization:

Lansoprazole (Prevacid[®])
Esomeprazole (Nexium[®])
Omeprazole OTC (Prilosec OTC[®])
Rabeprazole (Aciphex[®])*
Omeprazole (Prilosec[®] & generic equivalents)*
Pantoprazole (Protonix[®], ProtonixIV[®])*

*Will also require a PDL PA.

CRITERIA: (Must meet one of the following)

1. Treatment of gastroesophageal reflux disease.
2. Treatment of erosive esophagitis.
3. Maintenance of healing erosive esophagitis.
4. Treatment of pathological hypersecretory conditions, such as Zollinger-Ellison Syndrome.
5. Treatment of NSAID – associated gastric ulcer in patients who continue NSAID use.
6. Reducing the risk of NSAID – associated gastric ulcers in patients requiring NSAID therapy with a history of documented gastric ulcer

Criteria recommended by the Drug Utilization Review Committee

Drug Utilization Review Program Manager

Pharmacy Program Manager,
Health Care Policy Division

Date: _____

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